

STATEMENT OF ECONOMIC INTERESTS  
COVER PAGE

Date Received  
Official Use Only

RECEIVED  
MAR 09 2011

2011 MAR 14 AM 11:04

Please type or print in ink.

NAME OF FILER (LAST) (FIRST) CITY OF MARTINEZ  
DeLaney Lara E.  
CITY CLERK'S OFFICE

1. Office, Agency, or Court

Agency Name

Contra Costa County

Division, Board, Department, District, if applicable

County Administrator's Office

Your Position

Senior Management Analyst

► If filing for multiple positions, list below or on an attachment.

Agency: City of Martinez

Position: City Councilmember

2. Jurisdiction of Office (Check at least one box)

☐ State

☐ Judge (Statewide Jurisdiction)

☐ Multi-County \_\_\_\_\_

☒ County of Contra Costa

☒ City of Martinez

☐ Other \_\_\_\_\_

3. Type of Statement (Check at least one box)

☒ Annual: The period covered is January 1, 2010, through December 31, 2010.

☐ Leaving Office: Date Left \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Check one)

-or-  
The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through December 31, 2010.

☐ The period covered is January 1, 2010, through the date of leaving office.

☐ Assuming Office: Date \_\_\_\_/\_\_\_\_/\_\_\_\_

☐ The period covered is \_\_\_\_/\_\_\_\_/\_\_\_\_, through the date of leaving office.

☐ Candidate: Election Year \_\_\_\_\_ Office sought, if different than Part 1: \_\_\_\_\_

4. Schedule Summary

Check applicable schedules or "None."

► Total number of pages including this cover page: 2

☐ Schedule A-1 - Investments - schedule attached

☐ Schedule C - Income, Loans, & Business Positions - schedule attached

☐ Schedule A-2 - Investments - schedule attached

☒ Schedule D - Income - Gifts - schedule attached

☐ Schedule B - Real Property - schedule attached

☐ Schedule E - Income - Gifts - Travel Payments - schedule attached

-or-

☐ None - No reportable interests on any schedule

herein and in any attached schedules is true and complete. I acknowledge this

I certify under penalty of perjury under the laws of the State of California that

Date Signed

03/09/2011  
(month, day, year)

Signature

# SCHEDULE D Income – Gifts

<b>CALIFORNIA FORM 700</b> FAIR POLITICAL PRACTICES COMMISSION Name <u>DeLaney, Lara</u>
---

► NAME OF SOURCE  
Shell Martinez Refinery

ADDRESS (Business Address Acceptable)  
3485 Pacheco Blvd. Martinez

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Petroleum Refining

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>01 / 27 / 10</u>	<u>\$ 85.00</u>	<u>Dinner at CCUSA</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Nielsen, Merksamer, Parrinello, Gross & Leoni

ADDRESS (Business Address Acceptable)  
2350 Kerner Blvd., Ste. 250, San Rafael, CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Law, advocacy

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>06 / 02 / 10</u>	<u>\$ 75.00</u>	<u>Dinner at CSAC Leg</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE  
Allied Waste Services

ADDRESS (Business Address Acceptable)  
441 N. Buchanan Circle, Pacheco CA

BUSINESS ACTIVITY, IF ANY, OF SOURCE  
Waste Management

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>09 / 17 / 10</u>	<u>\$ 65.00</u>	<u>Dinner, Labor to Labor</u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

► NAME OF SOURCE

ADDRESS (Business Address Acceptable)

BUSINESS ACTIVITY, IF ANY, OF SOURCE

DATE (mm/dd/yy)	VALUE	DESCRIPTION OF GIFT(S)
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>
<u>  /  /  </u>	<u>\$</u>	<u> </u>

Comments: \_\_\_\_\_

\_\_\_\_\_